



**Presentation**  
to the  
**House Social Services Budget Committee**

by

Rachel Sisson, Director  
Bureau of Family Health

February 15, 2016

Chairman Carpenter and members of the Committee, I am Rachel Sisson, Director for the Bureau of Family Health with the Kansas Department of Health and Environment.

The Bureau of Family Health provides leadership to enhance the health of Kansas women and children in partnership with families and communities. We do this by supporting a statewide system of public health services which promote optimal health for women, infants, and families through systems development activities and grants to local agencies including health departments, federally qualified health centers, hospitals, and community-based organizations.

Thank you for the opportunity to appear before you today to present information about the KDHE Bureau of Family Health programming and initiatives focused on improving birth outcomes and reducing infant mortality. The most comprehensive initiative, *Becoming A Mom*, is the Kansas community collaborative model in its sixth year of implementation and embarking on a third phase of expansion across the state.

Please find more detailed information enclosed. We are committed to providing ongoing support and infrastructure to continue the high level of innovative and collaborative initiatives that are currently in underway at the state and local levels, resulting in collective impact through the alignment of shared priorities and joint efforts.



## **Becoming A Mom/Comenzando Bien® Programming in Kansas**

*February 2016*

**Background:** In 2010, following the release of the Kansas Blue Ribbon Panel on Infant Mortality recommendations, the March of Dimes Kansas Chapter began development of community collaboratives bringing prenatal education and clinical prenatal care together to create the comprehensive *Becoming A Mom* (BAM) program. The BAM program is targeted to communities with demonstrated birth outcome and infant mortality disparities, both racial/ethnic and socioeconomic. The model is driven by private and public partnerships at both state and local levels, including: Title V Maternal and Child Health (MCH) (public health), Medicaid, private foundations, local health departments, federally qualified health centers, clinical providers, local hospitals, and community and faith-based organizations. The community collaborative model brings permanent MCH infrastructure, leveraged and shared resources, change in the prenatal care delivery system, a vehicle to identify community needs, a standardized evaluation system, and new opportunities for achieving community collective impact and improved birth outcomes. The program is based on the National March of Dimes *Becoming A Mom* curriculum\* (English and Spanish languages) and consists of six, two-hour group prenatal education and support sessions. Coordination and collaboration is essential, as participants are scheduled into the program during prenatal visits. Partnerships at the local level leverage funds and other resources to support sustainability.

**Kansas Programming:** The first program was launched and piloted in Salina (Saline County) in 2010. This innovative model was replicated in Junction City (Geary County) in 2012 with preliminary successes similar to that of the Saline pilot program. In 2014, the Kansas Department of Health and Environment (KDHE) Bureau of Family Health committed to partner with the March of Dimes for further expansion of the model across the state, as well as securing long-term sustainability of the program by integrating the model into MCH services at the local level. Three additional sites launched in 2014 (Crawford, Wyandotte, Riley counties). The continued success and expansion resulted in additional support from one of the three Kansas managed care organizations, Amerigroup (WellPoint). In 2015, five new sites launched (Clay, Dickinson, Lyon, Reno, Sedgwick counties) bringing the total active sites in Kansas to ten. Nearly thirty additional communities have either attended training or indicated interest in launching with assistance from the KDHE MCH program, primarily to convene key partners and build the collaborative. Interest is greatest in the southeast and western regions of the state where disparities persist and fewer resources exist (largely rural and frontier).

### *Communities implementing the BAM program:*

- |                             |                                 |
|-----------------------------|---------------------------------|
| 1. Saline County – Year 5   | 6. Pottawatomie County – Year 1 |
| 2. Geary County – Year 3    | 7. Reno County – Year 1         |
| 3. Clay County – Year 1     | 8. Riley County – Year 1        |
| 4. Crawford County – Year 1 | 9. Sedgwick County – Year 1     |
| 5. Lyon County – Year 1     | 10. Wyandotte County – Year 1   |

**Improved Outcomes:** Program birth outcome data reveals improvements, particularly related to preterm delivery, low birth weight, and breastfeeding initiation rates. Most notable is the improvement in Infant Mortality Rate (IMR) from pre-program implementation to post-program implementation in the longest running programs. IMR in these two counties has decreased. [Saline Co. 9.0 to 5.5; Geary Co. 11.9 to 6.6 (deaths/1000 live births)]\*

*\*Source: Kansas Vital Statistics 2005-2009 and 2010-2014*



\*The March of Dimes prenatal education curriculum was developed in 1998 (copyright 1998, 2011) by the March of Dimes Foundation in partnership with the National Alliance for Hispanic Health and the National Coalition of Hispanic Health and Human Services. By 2013, eighteen states and Puerto Rico had established more than 100 *Becoming A Mom* programs serving more than 13,000 pregnant women.



## **Delivering Change: Healthy Moms, Healthy Babies**

Geary County, Kansas

February 2016

The comprehensive, community-wide *Becoming a Mom* model in Geary County, known as *Delivering Change*, provides at-risk women and their partners with improved access to prenatal education and care, mental and behavioral health services, an established medical home, reproductive life planning, assistance in securing health insurance, and more. *Delivering Change: Healthy Moms-Healthy Babies* is a three-pronged approach to improving birth outcomes and improving the health of infants, focusing on inter-conception health, prenatal, and postpartum care; promoting and supporting breastfeeding; and parent, provider and community education to increase infant-health knowledge and prevent infant injuries and death. Unique to this model is a fund that has been established to cover prenatal care and delivery for residents of Geary County who are uninsured or awaiting approval for Medicaid coverage.

Key program models include:

- OB Navigator;
- Becoming a Mom/Comenzando bien®;
- Period of PURPLE Crying;
- Triple P – Positive Parenting Program; and
- Parents as Teachers.

Key partners in delivering these programs include the Geary Community Hospital, Geary County Health Department, Flint Hills OBGYN, Kansas Breastfeeding Coalition, Inc., Kansas Infant Death and SIDS Network, and Unified School District 475.

Since its beginning in July 2011, *Delivering Change* has undoubtedly impacted the significantly reduced Infant Mortality Rate (IMR) in Geary County, Kansas by providing at-risk women and their partners with improved access to prenatal education and care, assistance in securing health insurance, and guidance finding financial aid, among other initiatives. According to the most recent vital statistics from the Kansas Department of Health & Environment (KDHE), the IMR in Geary County has declined from 11.9/1,000 live births (2005 to 2009) to 6.6/1,000 live births (2010 to 2014).

*Background:* In 2011, Geary County citizens faced troubling facts: their central Kansas communities registered one of the state's worst infant mortality and morbidity rates (IMR), with 10.4 infant deaths per 1,000 births in the period between 2007 and 2010. In response, area parents and healthcare professionals created a collaborative group to address health issues faced by infants and women of child-bearing age. Today, *Delivering Change* is backed by a five-year, \$3.5 million federal Healthy Start Initiative funded by the U.S. Department of Health and Human Services and administered by KDHE.

### *Program Contact:*

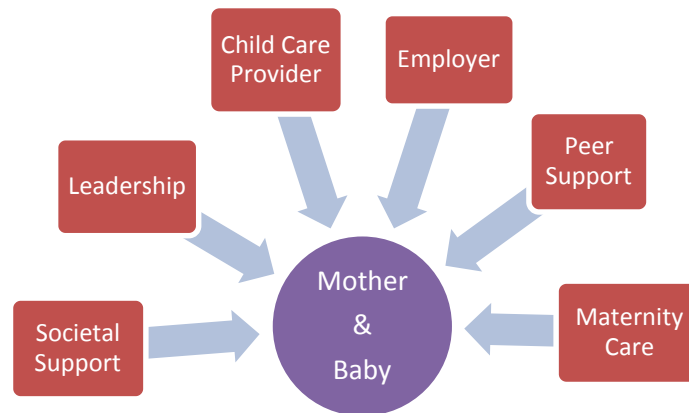
Jill Nelson, Program Coordinator  
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[jnelson@gchks.org](mailto:jnelson@gchks.org)

[www.deliveringchange.org](http://www.deliveringchange.org)



**Communities Supporting Breastfeeding**  
KDHE – Kansas Breastfeeding Coalition Partnership  
*February 2016*



The long-term goal of the Communities Supporting Breastfeeding (CSB) project is to improve exclusive breastfeeding rates for infants at three and six months of age in Kansas. The objective of this project is to assist communities with achieving the CSB designation by the Kansas Breastfeeding Coalition (KBC) as defined by six criteria needed to provide multifaceted breastfeeding support across several sectors.

1. A local breastfeeding coalition with a page on the KBC website listing local breastfeeding resources;
2. Peer breastfeeding support group(s) such as La Leche League or similar mother-to-mother group);
3. One or more community hospitals participating in High 5 for Mom & Baby or Baby Friendly® USA;
4. One business for every 1,000 community citizens\* or 25 (whichever is less) participate in the "Breastfeeding Welcome Here" program;
5. One business for every 5,000 community citizens or 10 (whichever is less) receive a Breastfeeding Employee Support Award from Kansas Business Case for Breastfeeding; and
6. A minimum of 20 child care providers completing *How to Support the Breastfeeding Mother and Family* course as provided by a KDHE-approved training organization (1,400 child care providers statewide completed this training in 18 months).

*\*Number of community citizens defined by 2010 census.*

KDHE and KBC are expanding the CSB project to ten more communities by 2017 with support from the Kansas Health Foundation. The two-year project focuses on implementing strategies recommended by the Centers for Disease Control (CDC) to promote and support breastfeeding mothers and babies.

**CSB Pilot Communities (2015 designation):**

1. Liberal
2. Winfield
3. Salina
4. Lawrence
5. Great Bend
6. Hays

**Implementing CSB Communities (2016 designation):**

1. Wichita
2. Abilene
3. Emporia
4. Garden City
5. Gove County





## **BABY & ME – Tobacco Free Programming in Kansas**

*February 2016*

A total of 10 Kansas communities\* began implementing the BABY & ME – Tobacco Free program in October 2015. The KDHE Bureau of Family Health and March of Dimes Kansas Chapter supported existing *Becoming a Mom* programs with acquiring certification training, essential equipment, and materials needed to launch the evidence-based intervention at the community level.

**Program Overview:** BABY & ME – Tobacco Free is a smoking cessation program created to reduce the burden of tobacco use on the pregnant and post-partum population. Women who quit smoking are less likely to have premature and low-birth weight babies and reduce the damaging effect of secondhand smoke on their children. The program's design has proven effective in decreasing the number of women who smoke during and after pregnancy. The program uses a unique approach, combining cessation support specific to pregnant women, offering practical incentives, targeting low-income women (the largest group of smokers during pregnancy), and monitoring success. Currently, 13 U.S. States participate in the program: Kansas, Colorado, Illinois, Indiana, Louisiana, Nebraska, New York, North Dakota, Oklahoma, Ohio, Oregon, South Carolina, and Tennessee. Three-year data collected from New York and Colorado indicate a 60-72% success rate.

**How the Program Works:** The program follows the *Clinical Best Practice Guidelines for Treating Tobacco Dependency* (HHS 2008 update) and integrates *Motivational Interviewing* skills to help pregnant women quit smoking and stay quit. Pregnant women are referred by their physician, clinic, health department or word of mouth to contact the participating agency to enroll in the program. The participating agency conducts four prenatal cessation sessions, (approximately 10 minutes each), provides support for quitting and staying quit, and tests each participant using a carbon monoxide (CO) monitor (breath test). To verify CO monitor test results, agencies may conduct random saliva tests, if necessary. After the birth of the baby, the mother returns monthly to continue CO testing and, if smoke-free, she receives a \$25 voucher for diapers for up to 12 months postpartum, or as program funds are available. The mother may use her voucher for any brand or size of diapers at Wal-Mart Stores and/or local participating stores.

### **\*Implementing Communities/Lead Agencies:**

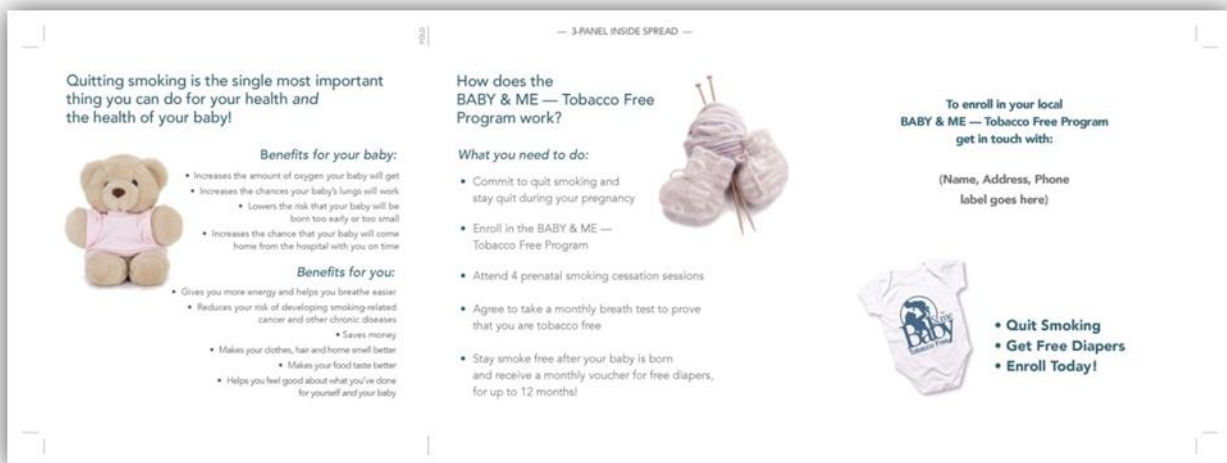
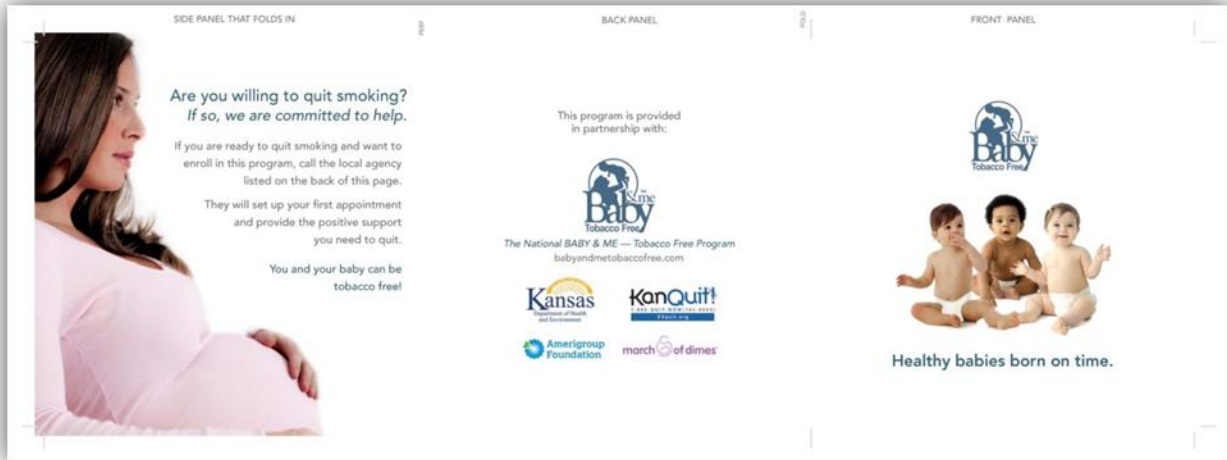
1. Clay Co. Health Dept.
2. Crawford Co. Health Dept.
3. Geary Community Healthcare Foundation
4. KU School of Medicine – Wichita
5. Newman Regional Health (Lyon Co.)
6. Pottawatomie Co. Health Dept.
7. Reno Co. Health Dept.
8. Riley Co. Health Dept.
9. Saline Co. Health Dept.
10. Wyandotte Co./Kansas City KS Health Dept.



\*The BABY & ME – Tobacco Free Program ([www.babyandmetobaccofree.org](http://www.babyandmetobaccofree.org)) underwent a 3 year research analysis from 2006 to 2009 by the NY State Department of Health's Tobacco Control Program. As a pilot program, the independent researched data was reported by Anne M. Gadomski, MD, MPH, Bassett Research Group and shared with the programs developer and national based agencies. Results were published in the National Maternal and Child Health Journal, January 2011. In 2005 the program was awarded a "Model Practice Award" by the National Association of City and County Health Officials (NACCHO). The published results indicate a 60%+ quit rate of women enrolled in the program, 6-months postpartum. Data from the BABY & ME – Tobacco Free Program, implemented from 2008 to 2011 by Rocky Mountain Health Plans Foundations, Grand Junction CO., showed 2/3 of the counties in Colorado participated in the program. Within the statewide program, over 2,000 women enrolled, over 6,500 cessation sessions were conducted; helping 1,450 women quit smoking and stay quit. Rocky Mountain Health Plans Foundation distributed over 7,000 diaper vouchers to the smoke-free women. In 2013, the Colorado program's data results indicate a 72% success rate at 6-months postpartum.



## BABY & ME - Tobacco Free Kansas Brochure



## BABY & ME - Tobacco Free KS Diaper Voucher



**Participating Stores**  
  
 Save money. Live better.  
 and stores as noted by your local  
 BABY & ME - Tobacco Free Program.

**Sponsored by the National**  
**BABY & ME™ - Tobacco Free Program**  
**Kansas March of Dimes**  
**and Kansas Department of Health**

**march of dimes**  


**This entitles bearer to \$25 towards the purchase of diapers.**

Name (print) \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Total Value of Diapers \_\_\_\_\_

**NO CASH BACK**

Vouchers are redeemable at participating stores in Kansas. They are non-transferable and only for purchase of diapers. Vouchers can be used for any brand/size diapers. "BABY & ME - Tobacco Free" Program and participating stores reserve the right to verify the authenticity of the voucher and ask for personal identification, before redeeming its value. All persons participating in the Program must be registered with the "BABY & ME - Tobacco Free" Program. Vouchers may not be reproduced. Vouchers expire within 90 days of issued date. Not negotiable unless signed on issued signature line. No cash back.

Participant Signature \_\_\_\_\_ Issued Date \_\_\_\_\_

Participant Signature \_\_\_\_\_ Redeemed Date \_\_\_\_\_

THIS VOUCHER MAY NOT BE COPIED. DO NOT REPRODUCE UNDER PENALTY OF LAW. Questions regarding vouchers, please call WELCO 716-484-3325

**OFFICE USE ONLY**

Store Name \_\_\_\_\_

Store Number \_\_\_\_\_

Redeemable at participating Walmart® stores in Kansas, and other stores as noted by your local BABY & ME - Tobacco Free Program. Voucher valued up to 25.00, including sales tax.

## INFANT MORTALITY COLLABORATIVE IMPROVEMENT & INNOVATION NETWORK (COIIN) *Kansas Project 2014-2016*

**Project Mission:** Demonstrate improvement in identified strategy areas that will result in lower rates of and greater equity in infant mortality

### **Project Purpose:**

1. Support collaborative learning, innovation & quality improvement efforts to reduce infant mortality and improve birth outcomes by providing guidance and technical assistance on effective use of collaborative learning approaches, including innovation & quality improvement principles, to jurisdictions in U.S. Department of Health and Human Services Regions I-III and VII-X;
2. Apply evidence-based strategies for reducing infant mortality; and
3. Scale up interventions to reduce infant mortality by stimulating action across states/territories.

**CoIIN Focus Areas/Learning Networks:** The final set of six national topics reflects the interests of all regions (Kansas selections are in bold and italics): Safe Sleep, Social Determinants of Health, ***Preterm & Early Term Birth***, ***Smoking Cessation***, Preconception/Inter-conception Care, Risk-Appropriate Perinatal Care.

### **Preterm & Early Term Birth** (*utilization of progesterone and reduce early elective deliveries*)

**Goal:** By July 2016, reduce prevalence of preterm and early term singleton births by 10 %.

- Decrease non-medically indicated births between 37 0/7 weeks of gestation through 38 6/7 weeks of gestation to less than 5%
- Increase the percent of pregnant women on Medicaid with a previous preterm birth who receive progesterone to 40%
- Achieve or maintain equity in utilization of progesterone by race/ethnicity
- Increase the number of *Becoming a Mom* sites by at least 5 annually

#### *Change Ideas:*

1. Timely, reliable and effective screening, identification and prevention of pre-term birth
2. Increase patient, family and community understanding of progesterone and full term births
3. Build capacity of and support for hospitals and providers to reduce EED

### **Smoking Cessation** (*reduce smoking before, during and/or after pregnancy*)

**Goal:** By July 2016, we will reduce the rate of smoking in women in their reproductive years by 10% with emphasis on before, during, and after pregnancy.

- Increase the percentage of women who stop smoking during pregnancy by 10%
- Increase the percentage of women who maintain cessation after delivery by 10%
- Increase the number of women enrolled in Quitline in reproductive years (15-44 years of age) by 10%
- Increase the number of providers trained on the 5A's of tobacco cessation by 10%, implementing a provider reminder system and the KS Quitline fax referral system

#### *Change Ideas:*

1. Providers and support personnel refer women to evidence-based programs like Quitline
2. Women in child bearing years avoid smoking or stop and stay quit
3. Providers recognize role in coaching and supporting women to stop and stay quit